

ANNUAL REPORT FISCAL YEAR 2001

HEALTH STRATEGIES COUNCIL OF GEORGIA

appointed by the Governor
to advise and support the health planning mission of the



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

September 2001

FROM THE CHAIRMAN

Governor Roy E. Barnes
Lt. Governor Mark Taylor
Members, Georgia General Assembly
Members, Board of Community Health
Commissioner Gary B. Redding

Ladies and Gentlemen:

On behalf of the Health Strategies Council, I am pleased to present our Annual Report for Fiscal Year 2001. This report represents our second Annual Report from the Council since the formation of the Department of Community Health.

This year, the Council has fully embraced its mission to provide comprehensive, independent planning for the health care needs of Georgia's citizens. It has been challenging and exciting for us to be involved in coordinated efforts involving all aspects of the department such as those to support the health care workforce and to improve access to specialized acute care services. Within the department, the role of health planning has matured to provide expanded opportunities to improve the quality, impact and value of our health care system.

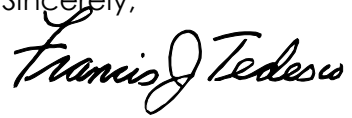
During FY2001, the council has delved into issues ranging from financial access and accountability to long-term care, cancer treatment and cardiovascular services. We have focused on streamlining and upgrading important regulatory guidelines and reporting processes while removing plans and criteria that are no longer pertinent in today's health care environment. We believe that Georgia's health care planning and regulatory activities are improved by the individual expertise, personal experiences, and collective wisdom of a volunteer citizens group like the Health Strategies Council. We appreciate our positive working relationship with the Board and Department of Community Health, and we are particularly grateful for the guidance and support provided by Russ Toal, who ably served as our Commissioner during these formative years.

The quality and success of the state health planning process may be linked directly to the outstanding caliber of individuals who serve voluntarily on our technical advisory committees. This year, more than 100 individuals, ranging from nationally recognized practitioners to provider agencies, regulators and advocates, gave of their time and talents to improve health care services for all Georgia citizens. We thank these individuals and organizations for their guidance and thoughtful input. I offer special appreciation to the Council members who chaired these groups: Elizabeth Brock, Clay Campbell, Kay Wetherbee, and Dr. Chuckie Hanson. (Dr. Hanson co-chaired the workforce technical advisory committee with Ken Beverly, president of Archbold Medical Center, who represented the health care provider community.)

Thank you for the support and guidance you provide to us in our role as Health Strategies Council members and as health care consumers, providers, educators, and

advocates. We appreciate the confidence you bestow upon us by allowing us to serve.

Sincerely,

A handwritten signature in black ink, reading "Francis J. Tedesco". The signature is written in a cursive, flowing style with a large initial 'F'.

Francis J. Tedesco, MD
Chairman

OVERVIEW

The Health Strategies Council is responsible for developing Georgia's State Health Plan and addressing policy issues concerning access to health care services. The members of the Council are appointed by the Governor and represent a wide range of health care and consumer interests. The Council focuses on providing policy direction and health planning guidance for the Division of Health Planning and, where appropriate, the Department of Community Health as a whole.

The functions of the Council are set forth in O.C.G.A. 31-6-21 and call for the Council to:

- Adopt the state health plan and submit it to the [Board of Community Health] for approval which shall include all of the components of the council's functions and be regularly updated;
- Review, comment on, and make recommendations to the department on the proposed rules for the administration of [the law]...;
- Conduct an ongoing evaluation of Georgia's existing health care resources for accessibility, including but not limited to financial, geographic, cultural, and administrative accessibility, quality, comprehensiveness, and cost;
- Study long-term comprehensive approaches to providing health insurance to the entire population; and
- Perform such other functions as may be specified for the council by the department or the board.

The Council serves as a facilitator and provides a forum for public debate on policy decisions affecting health care and the structure of Georgia's delivery system. To fulfill its broad mission, the Council holds quarterly public meetings and regularly convenes committees of advocates and technical experts to advise members on health plan changes and improvements.

Since becoming part of the state's broad health care mission under the DCH, the Council and the State Health Plan have been evolving to reflect the expanded role and scope of comprehensive planning for the well being of Georgia's citizens. Planning efforts seek to incorporate a host of issues relating to access, stewardship, quality, integration and health status.

Fiscal Year 2001 has been a productive and dynamic year for the Health Strategies Council and the health planning programs of the Department of Community Health. The Council remains invested in and strongly supportive of the vision and mission of the Department of Community Health, and sees itself as a valuable contributor to achieving the progressive and positive goals set forth by Governor Barnes and the General Assembly in creating the single state health authority.

COUNCIL MEMBERS

Members of the Health Strategies Council are appointed by the Governor to represent various health care interests. Members of the Health Strategies Council and their affiliations as of June 30, 2001, are as follows:

Francis J. Tedesco, MD, President-Emeritus, Medical College of Georgia, Augusta
Council Chairman

Joan Anderson, RN, Canton

Troy Athon, Starcrest, Inc., Greensboro

Elizabeth Brock, President, Pallets Incorporated, Atlanta

Neal Brook, AHS and Associates, Augusta

W. Clay Campbell, Executive Vice President, Archbold Health Services, Thomasville

Henry Cook, DDS, Columbus

Iris Feinberg, Executive Director, I Systems, Decatur

Lola Fitzpatrick, Columbus

Lenora Ginn, City Council Member, Barnesville

Charlene Hanson, EdD, FNP, Professor, Georgia Southern University, Statesboro

James Peak, CEO, Memorial Hospital and Manor, Bainbridge

Cathy Slade, Osborne and Associates, Augusta

John Smith, III, Executive Director, Housing Initiatives of North Fulton, Roswell

Kurt Stuenkel, FACHE, President & CEO, Floyd Medical Center, Rome

David Tatum, Director, Government Affairs, Children's Healthcare of Atlanta, Atlanta

John (Howdy) Thurmond, Migrant Ministry, Fort Valley

Robert Tucker, III, MD, Alpharetta

Kay Wetherbee, RN, Atlanta

Lewis Williams, DDS, Athens

GEORGIA'S STATE HEALTH PLAN

A major duty of the Health Strategies Council is the development and ongoing refinement of Georgia's State Health Plan. The current State Health Plan consists of thirteen (13) comprehensive component plans addressing a wide range of health care services and facilities. In most cases, these component plans serve as the basis for administrative rules and regulations governing the certificate-of-need process and integration with other department programs. This year, the Health Strategies Council has focused considerable attention on linking planning processes to improved health status and outcomes. The Council also has sought to use the health planning process to support the achievement of community wellness and access to care, as well as the broader health missions of DCH and the Governor.

The process of developing new or revised components for the State Health Plan often involves the appointment of advisory committees with subject matter interest or technical expertise. Members of these committees are selected carefully to include providers, consumers, payers, regulators, and other interested parties. Each proposed change to the State Health Plan and any resulting rule changes must undergo a public review and comment process. The Board of Community Health and the department must also approve the components of the State Health Plan.

FISCAL YEAR 2001 WORK AND ACCOMPLISHMENTS

In FY2001, the Health Strategies Council completed work in the following planning areas:

- Nursing Facility Component Plan. To respond to the state's changing demographics and usage patterns for long-term care options, the Council adopted a new component plan using a need methodology that incorporated both supply and demand factors, service need characteristics for different age groups and utilization experiences of current providers. The proposal was developed by a Technical Advisory Committee (TAC) and was adopted by the Council in August 2000. The Board of Community Health also adopted the new regulatory guidelines in August.
- Health Care Workforce. Responding to the shrinking supply of nursing, allied and behavioral health care workers and the projections for even greater problems in the coming years, the Council appointed a twenty-six (26) member Health Care Workforce Technical Advisory Committee (TAC). The TAC worked from August 2000 through May 2001. Members analyzed the spectrum of issues and complications that impact health care workforce shortages in Georgia and the nation. The group issued a preliminary report and recommendations in November 2000. This early set of recommendations brought legislative and budget attention to the health care workforce shortages. In May, the group issued **Code Blue:**

Workforce in Crisis. This heralded final report outlines key strategies to address workforce shortages for the long-term: education development and financing, recruitment approaches, retention challenges, marketing activities, and service delivery issues. The work of the Council and the Health Care Workforce TAC led to the establishment of a permanent state planning committee, the Health Care Workforce Policy Advisory Committee, operating under the umbrella of the Department of Community Health.

- Repeal of Old Component Plans. The Council initiated a strategic plan to update the State Health Plan during FY2001 and FY2002. In addition to revising and restructuring a number of component plans, the Council acted to repeal certain plans no longer in use or with no regulatory basis. In February 2000, the Council repealed the following plans: Child Health, Dental Health, Health Education, Hospice Services, End Stage Renal Disease, Swing Beds, Occupational Health, Primary Health Care Services, Emergency Medical Services. Each of these areas has an appropriate forum for planning and/or regulation in other venues within state government.
- Radiation Therapy Services. The Council appointed a Technical Advisory Committee (TAC) in February 2000 to update the state's old Cancer Plan and rules for radiation therapy services. The TAC began its work in earnest in Fall 2000 so as to reflect and support the work of the Georgia Cancer Coalition established by Governor Barnes. The Council, following preliminary action of the Executive Committee, adopted a comprehensive plan for radiation therapy services in February 2001. The plan, and resulting rules, focus on cancer incidence and service volume for determining need, require services to persons regardless of ability to pay, and encourages quality services through coordinated care and participation in state sponsored programs. The Board adopted the administrative rules necessary to implement the new component plan in February.
- Home Health Services. The Council appointed a TAC in November 2000 to develop a new component plan for Home Health Services, to bring the need methodology and plan guidelines into accord with other long-term care plans and to make it more reflective of the service expectations and fiscal climate of the new home health marketplace. In February 2001, following preliminary action of the Executive Committee, the Council adopted a new component plan which provides for a more population sensitive need methodology and more integrated plans for home health services. The Board adopted the administrative rules necessary to implement the new component plan in February.
- Cardiovascular Services. With the issuance of a new plan for Specialized Cardiovascular Services and related rules for adult cardiac catheterization services, adult open heart surgery services and pediatric cardiovascular services, the Council successfully tackled one of the most complex and competitive service arenas in health planning. In January 2001, the Council appointed a TAC composed of some of the state's most respected specialists, providers, advocates and policymakers to study cardiovascular services and propose comprehensive new regulatory guidelines. The Council acted on the group's recommendations in May 2001, adopting a new plan addressing financial access, community outreach and preventive services, quality and continuity of care, and structuring more stringent methodologies for determining need. The guidelines are recognized as some of the strongest in the nation. The Board of Community Health formally adopted the rules in the July 2001.

- Departmental Initiatives. The Council actively supported a number of key initiatives of the Department, offering technical assistance and policy guidance in areas such as:
 - Electronic collection of annual health planning surveys and web-based dissemination of health plans, rules, public notices and survey data.
 - Expansion of commitments to provide indigent and charity care.
 - Development of regulatory compliance program to enforce indigent and charity commitments and other CON obligations.
 - Support for programs to assist the uninsured and efforts to develop patient safety and voluntary peer review programs.
 - Design of rural health and other population-specific health initiatives.

COMMUNITY HEALTH PARTNERSHIPS AND THE WORK AHEAD

Fiscal Year 2001 was an exciting year of progress and accomplishment for the Health Strategies Council and the planning mission of the Department of Community Health (DCH). DCH Commissioner Russ Toal and other key department staff actively participated in Council meetings. The Council has focused its efforts in health planning to better support the coordinated goals and mission of the state. During the past year, the following departmental priorities were of particular interest to the Council:

- Streamlining and consolidating the reporting process for the level of indigent and charity care provided by hospitals and the data needed for distribution of Indigent Care Trust Fund dollars.
- Developing Georgia's Business Plan for Health, which outlines various strategies to address the problems and needs of Georgians without health insurance.
- Planning throughout DCH programs and other state agencies to improve access and availability of health care services in rural and underserved communities.
- Streamlining and enhancing the health planning and regulatory processes to reduce red tape and improve customer service while ensuring the certificate-of-need process is used to promote efficiency and effectiveness in Georgia's health care delivery system.

Looking ahead, the Council has another aggressive set of planning priorities for the next fiscal year. The Council plans to finalize its strategic efforts to restructure the State Health Plan by updating another 3 to 4 component plans and continuing to place great emphasis on state policy goals and community health status. The Council will monitor and support the efforts of the Health Care Workforce Policy Advisory Committee and will begin work to evaluate the impact of health care planning efforts and certain pilot programs, such as the Alternative Health Care Models.

The Council is proud of the accomplishments made during Fiscal Year 2001. Members look forward to continuing and expanding their important role of providing advice and support to the health planning mission of the Department of Community Health.

Published for the Health Strategies Council
by the Division of Health Planning



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